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APPLICANTS

Robert W. Crowder JR., Las Vegas, NV;  
 Loren T. Nelson, Reno, NV;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/157,463 10/01/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 12/26/2000**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NV	SHEETS DRAWING 8	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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ADDRESS  
 30076  
 BROWN RAYSMAN MILLSTEIN FELDER & STEINER, LLP  
 1880 CENTURY PARK EAST  
 12TH FLOOR  
 LOS ANGELES , CA  
 90067

TITLE  
 CASHLESS GAMING APPARATUS, SYSTEM, AND METHOD OF USE

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